TERRY J. BUTLER,
PLAINTIFF/PETITIONER/MOVANT'S NAME

PRISON NUMBER

PLACE OF CONFINEMENT

3833 NOBEL DR. #3422 SAN DIEGO CA 92122

ADDRESS

FILED
2008 JUL 30 AM 11:07
CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY: ______ DEPUTY

'08 CV 1378 J LSP

United States District Court
Southern District Of California

TERRY J. BUTLER,
Plaintiff/Petitioner/Movant

v.

KAISER MEDICAL HOSPITAL, & TERESA,
Defendant/Respondent

Civil No. ______________
(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED *IN FORMA PAUPERIS*

I, TERRY J. BUTLER,
declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes (No) (If "No" go to question 2)
   If "Yes," state the place of your incarceration
   Are you employed at the institution? Yes No
   Do you receive any payment from the institution? Yes No
   [Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? (Yes) No
   a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

   PAY DATES: the 15th + 5th, COMMISSION ONLY: $1400 - $2,000 PER MO.
   CITY CHEVROLET 2111 MORENA BLVD S.D. CA 92110

   b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past twelve months have you received any money from any of the following sources?:
   a. Business, profession or other self-employment Yes (No)
   b. Rent payments, royalties interest or dividends Yes (No)
   c. Pensions, annuities or life insurance Yes (No)
   d. Disability or workers compensation (Yes) No
   e. Social Security, disability or other welfare Yes (No)
   e. Gifts or inheritances Yes (No)
   f. Spousal or child support Yes (No)
   g. Any other sources Yes (No)

   If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

   5-1-07 DISABILITY PAYMENT'S WERE 750.00 NOW
   I do NOT GET DISABILITY PAYMENT ANYMORE, I WORK ~~[illegible]~~.

4. Do you have any checking account(s)? Yes (No)
   a. Name(s) and address(es) of bank(s):
   b. Present balance in account(s):

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes (No)
   a. Name(s) and address(es) of bank(s):
   b. Present balance in account(s):

6. Do you own an automobile or other motor vehicle? Yes (No)
   a. Make: Year: Model:
   b. Is it financed? Yes No
   c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
Yes (No)
If "Yes" describe the property and state its value.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

STUDENT LOAN = $ 2600
TAX - STATE = $ 1900
TAX - FED = $ 7,000

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]):

N/A

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

DATE 7-21-08

SIGNATURE OF APPLICANT